

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-584308

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1	1		
3	1		1			
4		3		3		
5		3		3		
6		3		3		
7		3		3		
8	1		1			
9	1		1			
10		3		3		
11		3		3		
12		3		3		
13	1		1			
14	1		1			
15	1		1			
16		1		1		
17		3		3		
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22		3		3		
23		3		3		
24		3		3		
25		3		3		
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48						
49						
50						
TOTAL IND.	12		12			
TOTAL DEP.		72		72		
TOTAL CLAIMS		84		84		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						